Name in Full: Torlton Frederick Collier X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Coal — County: Gowrd

Date of death: Month: May — Day: 9 — Year: 1904

Age: Years: 12 — Months: — Days: 5

Sex: Male — Color or Race: Caucasian — Birthplace: Coal

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Torlton Collier — Father's Birthplace: Coal

Mother's Maiden Name: Mary Collier — Mother's Birthplace: Coal

Name of person giving Information: Torlton Collier — How related to deceased: Father

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 15 days

Immediate: Protracted Pneumonia with Pleurisy — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. R. Bayer Md

Address: Accident

Accident or Suicide? md —

LIBRARY BUREAU A68816

Name in Full: Peter Colmer x

CERTIFICATE OF DEATH

MARYLAND

Died at: Near Town: Barton County: Garrett

Date of death 1904: Month: May Day: 1 Years: 56 Months: Days:

Sex: Male Color or Race: White Birthplace: Garrett Co.

Married, Single or Widowed: Married Occupation: Farmer

Name of Wife or Husband: Clara Garlitz

Father's Name: Peter Colmer Father's Birthplace: Germany

Mother's Maiden Name: Eva Forde Mother's Birthplace:

Name of person giving Information: Mrs D. Broadwater How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

104

CAUSES OF DEATH

Primary: Stomach trouble How long: 1 week

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: David M Mercile

Address:

Accident or Suicide?

LIBRARY BUREAU A6U516

Name in Full: Peter Colmer X

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near Barton; County: Garrett

Date of death 1904: Month: May; Day: 1

Age: Years: 56; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Germany

Married, Single or Widowed: Married

Occupation: Farmer

Name of Wife or Husband: Clara Garlitz

Father's Name: Peter Colmer

Father's Birthplace: Germany

Mother's Maiden Name: Effie Ford

Mother's Birthplace: Germany

Name of person giving Information: Eliza Broadwater

How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hepatitis, Probably Abscess

How long: One week

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. A. Boucher

Address: Barton Md

Accident or Suicide?

LIBRARY BUREAU A68216

Name in Full: Baby Dixon X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oakland — County: Garrett

Date of death: Month: May — Day: 25 — 1904

Age: Years: Still born — Months: — — Days: —

Sex: Boy — Color or Race: White — Birthplace: Oakland

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: W. D. Dixon — Father's Birthplace: Md

Mother's Maiden Name: Edith Milson S. — Mother's Birthplace: Ohio

Name of person giving information: W D Dixon — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still born — How long: —

Immediate: Premature — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M L Humbert

Address: Oakland

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Carrie Edwards

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Krug — County: Garrett

Date of death 190 4: Month: May — Day: 29 — Age: Years: 32 — Months: 9 — Days: 16

Sex: Female — Color or Race: white — Birthplace: Pa

Married, Single or Widowed: married — Occupation: House wife

~~Name of Wife or~~ Husband: Charles M Edwards

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving In formation: Rachel A. Yeager — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption & Lungs — How long:

Immediate: " / " — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. Mason M.D

Address: Frenchville Md.

~~Accident or Suicide~~?

LIBRARY BUREAU A68516

Name in Full: Mrs. Mollie Feingel

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Feingell — County: Garrett

Date of death: Month: May — Day: First — Year: 1904 — Age: Years: 39 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: House wife — Where Residing if not at place of death: Feingell

Married, Single or Widowed: Widow — Name of Wife or Husband: Chas Feingel

Father's Name: Mr. Festerman — Father's Birthplace: Germany

Mother's Maiden Name: Unknown — Mother's Birthplace: "

Name of person giving In formation: Mr. Edward Feingel — How related to deceased: Brother-in-law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: over 4 years

Immediate: Anasarca — How long: about 4 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: B. N. Brisore M.D.

Address: Accident P.O. Pa.

Accident or Suicide? Neither

LIBRARY BUREAU A66516

Name in Full: Mrs Trear Sr

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oakland — County: Garrett

Date of death 1904: Month: May — Day: 14th — Age: Years: 78 — Months — Days

Sex: Female — Color or Race: White — Birthplace

Occupation: None — Where Residing if not at place of death

Married, Single or Widowed: Widow — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: J E Legge — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility — How long

Immediate: Organic heart disease — How long 1 mo

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J E Legge

Address: Oakland

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Zelphia Gully X

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: New Germany — County: Garrett

Date of death 1904 — Month: May — Day: 15 — Age — Years: 29 — Months: 1 — Days: 15

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, ~~Single or Widowed~~ — Occupation: Housewife

Name of ~~Wife or~~ Husband: Same S. Gully

Father's Name: Thos Gilpin — Father's Birthplace: Md

Mother's Maiden Name: Ellen Durst — Mother's Birthplace: Md

Name of person giving In formation: Chas E. Durst — How related to deceased: First Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe

Immediate: Consumption — How long: 5 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H L Bevans

Address: Grantsville Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Lena Hoffer X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oakland — County: Garrett

Date of death 1904: Month: May — Day: 20 — Age: Years: 84 — Months — Days

Sex: Female — Color or Race: White — Birth-place: Germany

Married, Single or Widowed: widow — Occupation

Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 2 weeks

Immediate: Heart disease — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M. C. Hunslaugh

Address: Oakland Md

Accident or Suicide?

LIBRARY BUREAU A6937

Name in Full: Alfred Kelley

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) near Friendsville (County) Garrett

Date of death 1904: Month May; Day 26; Age: Years 54; Months 11; Days 11

Sex: male; Color or Race: white; Birthplace: Maryland

Married, Single or Widowed: Married; Occupation: Farmer

Name of Wife or ~~Husband~~: Louisa E Kelley

Father's Name: David Kelley; Father's Birthplace: Md.

Mother's Maiden Name: Rosa Kelley; Mother's Birthplace: Md.

Name of person giving Information: Louisa E Kelley; How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption of Lungs; How long: 3 months

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. J. Mason MD

Address: Friendsville Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full: Bernard McKenzie X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Anelon — County: Garrett

Date of death 1904: Month: May — Day: 5

Age: Years: — Months: one — Days: 1

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: —

Occupation: None

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Simon D McKenzie — Father's Birthplace: Md

Mother's Maiden Name: Annie Chaney — Mother's Birthplace: Md

Name of person giving Information: Charles E Durst — How related to deceased: Brother-in-law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dont Know — How long: 31 days

Immediate: Cholo Mumpetis — How long: 20 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H L Bevans

Address: Grantsville Md

Accident or Suicide?

LIBRARY BUREAU A6616

Name in Full: John McKinley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oakland; County: Garrett

Date of death: Month: May; Day: 19th; 1904

Age: Years: 77; Months: —; Days: —

Sex: Male

Color or Race: white

Birthplace: Ireland

Occupation: Farmer

Where Residing if not at place of death: Farm, Garrett Co

Married, Single or Widowed: widowed

Name of Wife or Husband: Mary Mackin

Father's Name: John Mackin

Father's Birthplace: Ireland

Mother's Maiden Name: Miss Tracy

Mother's Birthplace: Ireland

Name of person giving Information: Owen Mackin

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile degeneration

How long: —

Immediate: Mitral insufficiency

How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Henry L. McCrum

Address: Oakland Garrett Co Maryland

Accident or Suicide? —

LIBRARY BUREAU A6881C

Name in Full: Supposed to be John C Maggas X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Deer Park; County: Garrett

Date of death: Month: May; Day: 2; 1904

Age: Years: 20; Months: —; Days:

Sex: Male

Color or Race: White

Birthplace: unknown

Occupation: laborer

Where Residing If not at place of death: unknown

Married, Single or Widowed: unknown

Name of Wife or Husband: unknown

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: unknown

Father's Birthplace: unknown

Mother's Maiden Name: unknown

Mother's Birthplace: unknown

Name of person giving Information: G L Linnger

How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: neck broken & other injuries

How long: —

Immediate: neck broken & other injuries

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. L. Linnger M. D.

Address: Deer Park Maryland.

Accident or ~~Suicide~~? Accident

LIBRARY BUREAU A66010

Name in Full: Sophia Ries

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Accident — County: Garrett

Date of death: Month: May — Day: 21 — 1904

Age: Years: 43 — Months: 11 — Days: 9

Sex: Female — Color or Race: Caucasian — Birthplace: Accident

Occupation: Domestic — Where Residing if not at place of death: Accident

Married, Single or Widowed: Married — Name of Wife or Husband: Fred C Ries

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Frederick Snyder — Father's Birthplace: Germany

Mother's Maiden Name: Catherine Dick — Mother's Birthplace: Germany

Name of person giving information: William Grove — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Menopause debility — How long: Six months

Immediate: Dropsy of Heart with failure — How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. R. Boyer MD

Address: Accident Md

Accident or Suicide?

LIBRARY BUREAU ABSBY

Name in Full: Herbert Rightsman X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oakland; County: Garrett

Date of death 1904: Month: May; Day: 28

Age: Years: 16; Months: —; Days:

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male; Color or Race: White; Birthplace: ✓

Occupation: Laborer; Where Residing if not at place of death: ✓

Married, Single or Widowed: Single; Name of Wife or Husband: ✓

Father's Name: Richd Rightsman; Father's Birthplace: Penna

Mother's Maiden Name: ✓; Mother's Birthplace: Penna

Name of person giving information: ✓; How related to deceased: ✓

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric Fever; How long: 5 Weeks

Immediate: Cardiac Asthenia; How long: 2 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J E Eggert

Address: Oakland Md

Accident or Suicide? ✓

LIBRARY BUREAU A66816

Name in Full: George Eagle Ralston +

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Billinger — County: Garrett

Date of death: Month: May — Day: 29 — 1904

Age — Years: 50 — Months: 1 — Days: 1

Sex: Male

Color or Race: Caucasian

Birthplace: Virginia

Occupation: Farmer

Where Residing if not at place of death: Billingsley

Married, Single or Widowed: Married

Name of Wife or Husband: Sorah Ralston

Father's Name: Samuel Ralston

Father's Birthplace: don't know

Mother's Maiden Name: Eliza Hook

Mother's Birthplace: don't know

Name of person giving Information: Luther Ralston

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Rheumatism

How long: several months

Immediate: Heart Failure

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. R. Boyer M.D.

Address:

Accident or Suicide? Accident

M.D.

LIBRARY BUREAU A8881B

Name in Full: Mrs E. F. Stansbury

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oakland; County: Garrett

Date of death: Month: May; Day: 6; Years: Age about 60; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: W Va.

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: E. F. Stansbury

Father's Name: Manear; Father's Birthplace: W Va

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving information: W. H. Rennecoff; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease; How long: 6 months

Immediate: Dropsy; How long: do

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Rennecoff

Address: Oakland

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mary Warnick

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Merrill — County: Garrett

Date of death 1904: Month: May — Day: 6

Age: Years: 76 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Garrett Co. Md.

Married, ~~Single or Widowed~~: Married — Occupation: Housewife

Name of Wife or Husband: Joseph Warnick

Father's Name: John McIntire — Father's Birthplace: Garrett Co.

Mother's Maiden Name: Reckner — Mother's Birthplace: Garrett

Name of person giving information: Elias Merrill — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Failure — How long: 1 hours

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: David McMerrill

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU ASSSIG